# Utah Department of Environmental Quality Division of Drinking Water

## **Public Water System Inventory Report**

Run Date: 08/04/2011 12:35 pm

PWS ID: UTAH22007 Name: KAMAS CITY WATER SYSTEM

Legal Contact KAMAS CITY WATER SYSTEM Rating: Approved

GARY NORMAN SIDDOWAY Rating Date: 10/16/1984

Address: 170 N MAIN ST Activity Status: Active

KAMAS, UT 84036

Phone Number: 435-783-4630

City Served (Area):

County: SUMMIT COUNTY

Gal/Day Gal/Min

System Type: Community

Last Inv Update: 06/27/2011

Activity Status Cd: Active

Last Snty Srv Dt: 10/30/2008

Total Dsgn Cap:

Surveyor: ROY DIXON

Total Emerg Cap:

Oper Period: 1/1 to 12/31

**Contacts** 

Contact	t Phone Numbers								
Type	Name	Title	Office Emergency Em		Email Address				
AC	SIDDOWAY, GARY NORMAN		435-783-4630	435-783-5518	kamash2o@allwest.net				

### **Service Connections**

Connection			Number	
Type	Meter Type Code	Meter Size	Connections	
Residential	Metered	0	560	
Combined	Unknown	0	12	
Commercial	Unknown	0	81	
			653 <b>T</b>	- otal Svc Connections

#### Storage

Total Storage: 1,500,000 GAI Number of Units: 4 Adequate Capacity: NO

No.	Name	Туре	Effective Volume	Constr Matrl	Overflow Elev	Activity Status	Press'd
ST004	HIGH STAR (#4) STORAGE	Ground		Concrete		Р	
ST001	MIDDLE (#1) STORAGE	Ground	500,000 GAL	Concrete		Α	
ST002	SOUTH (#2) STORAGE	Ground	500,000 GAL	Concrete		Α	
ST003	NORTH (#3) STORAGE	Ground	500,000 GAL	Concrete		Α	

#### **Treatment Plants**

No.	Plant Name	Approved Design Capacity (gal/day)	Activity Status	Treatment Process
TP001	ELDER HOLLOW SPRING CHLORINATOR		I	

## **Distribution System**

Pump Type	Total Dy	n Head	Pressure	Cross	Auhority
	ft H2O	P.S.I.	Adequate	Connection	Statement
			No		

#### **Sources**

			Location								
		Activity		Well	Safe	Pump	Data On	Water		Period of	Grnd Wtr
No.	Source Name	Status	Type	Dia.	Yield *	Capacity	File	Type	Availability	Operation	Indicator
WS001	ELDER HOLLOW SPRING	Inactive	SP		•		Yes	GW	Other	•	

<sup>\*</sup>Reports measured flow for wells, approved design capacity for all other sources.

# **Sources**

No.	Source Name	Activity Status	Source Type	Well Dia.	Safe Yield *	Pump Capacity	Location Data On File	Water Type	Availability	Period of Operation	Grnd Wtr Indicator
WS002	LEFT HAND FORK SPRING	Active	SP				Yes	GW	Seasonal		
WS003	HILLSIDE WELL	Active	WL	12	550 GPM	650 GPM	Yes	GW	Permanent	1/1 to 12/31	
WS004	SIMPSON WELL	Active	WL		900 GPM	700 GPM	Yes	GW	Permanent	1/1 to 12/31	
WS005	HIGH STAR RANCH WELL N	l P	WL				No	GW	Permanent		

<sup>\*</sup>Reports measured flow for wells, approved design capacity for all other sources.